STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235632	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Samaritan	5555 Conner Avenue, Suite 4000 Detroit, MI 48213

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. This citation pertains to intake 2959471.Based on interview and record review, the facility failed to protect the resident's right to be free from misappropriation of property by an employee for one (R115) out of two residents reviewed for abuse resulting in an employee using R115's debit card.Findings include:On 3/16/2026 the State Agency (SA) received a complaint with an allegation of misappropriation of property.On 4/24/2026 at 9:00 AM, the facility incident report dated 2/3/2026 and the facility investigation report and addendum dated 2/13/26 were reviewed with the Nursing Home Administrator (NHA). The NHA said R115 reported on 2/3/2026 that her debit card was missing $981 dollars. Review of the facility investigation revealed that an employee, Certified Nursing Assistant (CNA) J was identified as using R115's debit card based off financial records provided by the debit card company reviewed by the NHA with family friend K.On 4/24/2026 at 9:30 AM, CNA J' was contacted via phone with no response.On 4/24/2026 at 9:35 AM, an attempt was made to contact R115 via phone. The phone number was not in service and no other working phone numbers were available in the medical record.Review of R115's Electronic Health Record (EHR) revealed admission to the facility on 1/27/2026 and a discharge date of 2/9/2026 with diagnosis that included Cerebral infarction, Malignant Neoplasm.On 4/24/2026 at 9:40 AM, the NHA was interviewed and said that CNA J was terminated on 2/24/2026 based on the facilities investigation which determined that CNA J used R115's debit card without consent. The NHA said the expectation is for residents to be protected from misappropriation of property.Review of the facilities policy titled Abuse and Neglect Prohibition Policy reviewed 2/17/2020 revealed in part.Each resident has the right to be free from abuse, mistreatment, neglect, exploitation, involuntary seclusion, and misappropriation of property.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. This citation pertains to intake 2959471.Based on interview and record review, the facility failed to implement policies and procedures for ensuring the reporting of an injury of unknown origin to the State Agency (SA) for one (R115) of two residents reviewed for abuse.Findings include:On 3/16/2026 the State Agency (SA) received a complaint with an allegation of a resident fall with injury.Review of R115's progress note dated 2/1/2026 revealed, New order for resident per Dr. to complete neuro checks for 3 days every 6 hours for bruise on left side of forehead on eyebrow. New order for Tylenol 650mg q6h prn and apply ice to bruise.Review of R115's Unwitnessed incident report dated 2/2/2026 revealed, Resident observed laying in bed experiencing involuntary rapid movements. Resident observed hitting her right eye and attempting to hold her right arm with her left hand. These movements are uncontrollable by resident at times. Right eye discoloration observed with swelling. Resident has involuntary movement with her head. Swings head abruptly especially when speaking. Resident unable to give description. Resident unable to give consistent information when asked did she fall 3 separate occasions. Level of consciousness: Alert. Mobility: bedridden.Review of the admission skin note dated 1/27/2026 did not reveal facial bruising.On 4/23/2026 at 3:45 PM, Licensed Practical Nurse/Unit Manager (LPN) L was interviewed and said LPN M notified her on 2/1/2026 she observed bruising on R115's face that could not be explained and was not witnessed. LPN L stated, I did not report the injury to the abuse coordinator but should have.On 4/24/2026 at 8:16 AM, LPN M was contacted by phone for an interview with no return call by survey exit.Review of 115's Electronic Health Record (EHR) revealed admission to the facility on 1/27/2026 and a discharge date of 2/9/2026 with diagnosis that included Cerebral infarction, Malignant Neoplasm. An admission Minimum Data Set (MDS) assessment documented intact cognition and max assistance for personal hygiene. On 4/24/2026 at 9:02 AM, the Nursing Home Administrator (NHA) was interviewed and said neither LPN M or LPN L reported R115's facial injuries. The NHA said the expectation is for all suspicious injuries and abuse to be reported to her immediately so she can complete the proper procedures as abuse coordinator. Review of the facility policy titled Abuse and Neglect Prohibition Policy reviewed 2/17/2020 revealed in part.Identification 1. The facility will monitor residents for changes in behavior, bruises/injuries of unknown origin or of a suspicious nature, or other types of patterns, occurrences and trends that may constitute potential abuse and investigate such situations. Investigation 1. The facility Administrator or designee will oversee the investigation of an alleged abuse/neglect or misappropriation of resident property in accordance with state law. 3. The facility Administrator will report all investigation findings to the state as per federal and state regulations. The staff will report all allegations of abuse, neglect and misappropriation of property to the administrator immediately. The administrator is responsible for reporting to the State Agency alleged violations involving abuse, including injuries of unknown origin.